SLEEP & BEHAVIOR MEDICINE INSTITUTE

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(Updated) FINANCIAL POLICY

1. The Patient/Guardian is fully responsible for the payment if the insurance company does not cover services.
2. The Patient/Guardian is responsible for the full payment of his/her deductible and the co-pay (in- or out-of network).
3. The discounted initial office visit fee for a patient without insurance is $210.00 and for follow up visit is $190.00.
4. The Patient/Guardian is responsible for checking his/her own benefits.
5. For Out of Network Insurances, at the patient' request, we offer the option to pay out of pocket for the services provided and personally bill their insurance with an invoice provided by our office.
6. **We require your credit card information to be kept on file. Sleep and Behavior Medicine Institute will charge the balance on the patient's account if the patient does not respond to the first bill sent by mail or if other prior arrangements haven't been made.**
7. We require prepayment for case management services and reports to other institutions: Report to third party (per 15 minutes) - $50.00;
   Legal Documents Preparation (per hour) - $260.00;
   Depositions (1st hour) - $350.00 (each additional hour – $300.00)

8. Sleep and Behavior Medicine Institute (SBMI) reserves the right to **charge a $90.00 fee for the cancellation of office visit appointment and $250.00 for the cancellation of the Sleep Study without a prior 24 hours notification. Please be advised that this fee is a patient's responsibility only and will not be charged to your insurance company. These fees are combined with a policy of discharging patients after three no-shows.**
9. Prescriptions requested outside regular office visits will be subject to a $25.00 fee.
10. Multiple requests for prior authorization for medications are subject to a $25.00 fee.

I, _____, fully understand the Financial Policy and my responsibilities.

Patient/Guardian Signature _____ Date: _____